MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-018599
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1216

FILED MAY 3 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	INSTEAD OF	SHOULD READ	DATE AMENDED	BY AFFIDAVIT OF

DOCUMENT

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: LEMAY
Length of stay in 1b: 58 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 907 Buckley Rd
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St Louis
c. CITY OR TOWN: LEMAY
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 907 Buckley Rd
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ALFRED Middle: H. Last: MEYER

4. DATE OF DEATH: Month: April Day: 10 Year: 1963

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 10-4-1904

9. AGE (last birthday): 58

IF UNDER 1 YEAR: Months: Days:
IF UNDER 24 HR: Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (City and state or country): St Louis Co Mo

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John A Meyer

13b. MOTHER'S MAIDEN NAME: Elizabeth Franke

14. NAME OF HUSBAND OR WIFE: NIL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of servi: NIL

16. SOCIAL SECURITY NO.:

17. INFORMANT: Lydia Meyer Address: 907 Buckley Rd St Louis 25 Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): arteriosclerotic heart disease — 2-3 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Essential hypertension.

PART III. If deceased was female was there a pregnancy in last 90 days? ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 3, 1963 to Apr 1963 and last saw her/him alive on Mar 2, 1963
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Leroy F. Ortmeyer MD

22b. ADDRESS: 2623 Telegraph Rd

22c. DATE SIGNED: 4/10/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 4-12-1963

23c. NAME OF CEMETERY OR CREMATORY: Old St Johns Cem.

23d. LOCATION (City, town, or county) (State): Mehlville Mo

24. FUNERAL DIRECTOR ADDRESS: Fey Funeral Home Mehlville Mo

25. DATE RECD. BY LOCAL REG.: 4-11-63

26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gustav W. Dietrich

Licensed Embalmer No. 4329

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.